Author's response to reviews

Title: Portable OCT-Assisted Surgical Treatment of Intracorneal Pre-Descemet Epithelial Cyst: A Case Report

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Reviewer reports:

Joo Youn Oh (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

An interesting and well-presented case report.

Critiques are only minor.

There are a few typos. Please correct (for example, mad to made in line 90).

: We reviewed a manuscript thoroughly for any typos, and corrected them;

1) removal of a space between eye. and Serial in line 78
2) mad to made in line 90
3) forth to fourth in line 132
4) superscript 1 to [1] in line 182
5) period(.) to comma(,) in line 278
6) ie to i.e. in line 284
7) A space between 60 and minutes was inserted in line 290
Joaquim Carlos Neto Murta (Reviewer 2): Very interesting case of a surgical treatment of an intracorneal Pre-Descemet Epithelial Cyst only controlled after destruction of the epithelial nest by lamellar keratosclerectomy with chemical cauterization with guidance from a FD-OCT. However some revisions are needed:

1- Trichloroacetic acid (TCA) is frequently utilized for chemical peeling by physicians practicing dermatologic surgery. Nevertheless, ocular complications from TCA have been reported previously. The authors should described the potential complications of TCA for the cornea and ocular surface.

: We added following comments (in line 172-180),

Trichloroacetic acid (TCA), one of the most popular chemical peeling agents, is used at concentrations varying from 15 to 50%, with higher concentrations producing deeper peels. There are reports on TCA related ocular chemical injuries [13, 14]. Since TCA has no systemic toxicity and the response to the agent is minimal or nonexistent, TCA related ocular complications are usually surface limited chemical burns. As the severity of chemical ocular injury is related to the surface of contact in chemical exposure and the degree of penetration, the potential ocular complications of TCA like epithelial defects, corneal scarring and chemical uveitis, could be minimized by careful manipulation and thorough irrigation.

references (in line 265-269)


2- How can the authors stated that the treatment did not seriously damaged the corneal endothelial cells? Specular microscopy and corneal endothelial cells counts should be provided before and after the surgeries.

: We added following comment and figure (in line 141-143).

Even specular microscopic findings and corneal endothelial cells counts after second surgery showed a significant decrease compared to right eye, the endothelial cells count has remained unchanged since last surgery (Fig. 6).

3- Page 5 line 110 the authors said that previous investigators had used a 20% TCA...a reference should be provided.


4- The authors should describe the rationale for sequential applications of distilled water, 5-FU and afterwards of TCA.

: We added following comment (in line 122-125).

Even we confirmed that 10% TCA alone would be sufficient to cauterize all epithelial cells in experiment, we expected absolute removal of whole epithelial layers lining the cystic wall by adding distilled water and 5-FU irrigation.

5- We observe corneal scaring after the surgeries. Does the patient had corneal topographies before and after the surgeries?

: Yes, we have corneal topographies and added following comment and figure (in line 143-145).

Topographic changes were also checked before and after surgeries and those except posterior curvature were minimal (Fig. 7). Deep-seated lesion seemed not to affect corneal contour.